



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>140998</u>		2. Name of Corporation <u>ITRESERV of New Jersey, Inc.</u>			
3. Street Address Principal Business Office <u>88 Froehlich Farm Blvd</u>			City <u>Woodbury</u>	State <u>NY</u>	Zip <u>11797</u>
4. Business Phone No. <u>516-719-4342</u>		5. State of Incorporation <u>New Jersey</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>property reports, life insurance</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>James J. Conway III</u>			Vice President Name <u>none</u>		
Street Address <u>88 Froehlich Farm Blvd</u>			Street Address		
City <u>Woodbury</u>	State <u>NY</u>	Zip <u>11797</u>	City	State	Zip
Secretary Name <u>Rocco Abbondandolo</u>			Treasurer Name <u>Rocco Abbondandolo</u>		
Street Address <u>88 Froehlich Farm Blvd</u>			Street Address		
City <u>Woodbury</u>	State <u>NY</u>	Zip <u>11797</u>	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>James J. Conway III</u>			Director Name <u>none</u>		
Street Address <u>88 Froehlich Farm Blvd</u>			Street Address		
City <u>Woodbury</u>	State <u>NY</u>	Zip <u>11797</u>	City	State	Zip
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>0</u>	<u>none</u>	<u>none</u>	<u>none</u>
THIS SECTION MUST BE COMPLETED			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Rocco Abbondandolo 1/16/08
Signature Date
Rocco Abbondandolo
Print or Type Name
Secretary
Title

FILED
File Date: FEB 25 2008
Check No.:
By: 51812
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